

HUMAN SERVICES BOARD

INTRODUCTION

The basic facts are not in dispute. The decision is based on the information adduced at hearing on October 15, 2009.

1. The petitioner is a disabled individual whose sole income is Supplemental Security Income disability benefits from the Social Security Administration. Petitioner receives Medicaid.

2. The petitioner is the parent of A.R. A.R. is presently a senior at a private college. A.R. has significant health issues including anorexia nervosa, depression, and obsessive behavior. A.R. lives with petitioner during school breaks and returns home many weekends during the academic year.

3. Until A.R. turned twenty-one years old, she received Medicaid benefits. As an adult, A.R. is now considered a household of one for medical assistance programs.

4. The Department notified petitioner that A.R. had aged out of the Medicaid program. The Department sent petitioner forms for A.R. to apply for medical assistance but A.R. did not complete the forms. As a result, the Department sent petitioner a Notice of Decision dated July 19, 2009 noting that the Department assumed A.R. was not interested in seeking health care assistance because information was not forthcoming. A.R.'s Medicaid benefits were closed effective July 31, 2009.

5. The petitioner requested a fair hearing on August 4, 2009. The request for fair hearing was filed with the Board on August 18, 2009.

6. At the beginning of the fall term, A.R. enrolled in the health insurance program offered through her college. This policy does not cover 20 to 30 percent of her psychiatrist's fees and does not cover the cost of her Vermont doctor and therapist. The petitioner is seeking secondary insurance through Vermont to meet A.R.'s uncovered medical needs.

ORDER

The Department's decision to terminate A.R.'s Medicaid coverage is affirmed.

REASONS

The Medicaid program provides coverage to individuals who are under twenty-one years of age provided they meet the other requirements for coverage. W.A.M. §§ 4300 and 4341. Once A.R. turned twenty-one years old, she no longer met the criteria for the Medicaid program provisions covering families and children. The Department correctly terminated coverage.

Petitioner raised the question of other coverage for A.R. The Department has not received a completed application from A.R. Petitioner explained that they did not complete

the paperwork sent by the Department because they believe A.R. will face a premium payment that she cannot afford.

Petitioner is concerned that her daughter will not be able to access appropriate medical treatment. At the hearing, petitioner was given forms from her caseworker. It is hoped that petitioner and A.R. will complete the paperwork so that the Department can look into whether any of the other medical assistance programs apply including Medicaid based upon disability.¹

Based on the foregoing, the Department's decision to terminate Medicaid for A.R. is affirmed. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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¹ Petitioner should consider other community resources for advice including the Health Care Ombudsman located at Vermont Legal Aid, Inc. or Vermont Protection and Advocacy (802-229-1355).